

REWARDS FOR WELLNESS 2012 - 2013

Tracking Your Participation



Use this sheet for your own records to keep track of Rewards for Wellness activities you have completed.

- | | | | |
|---|-----------------------|-------------------------|--------------------------|
| 1. Complete “Soothing Stress” Tutorial and 10-Question Quiz. <ul style="list-style-type: none">• Read online Stress Tutorial and complete quiz at www.wellness.ri.gov.• Print “Stress Tutorial Completion Certificate” page for your records. | Due Date:
09/07/12 | Date
Completed _____ | <input type="checkbox"/> |
| 2. Enroll in CurrentCare or Complete Health Assessment <ul style="list-style-type: none">• Print confirmation page after enrolling in CurrentCare or completing the Health Assessment and keep for your records. | Due Date:
11/30/12 | Date
Completed _____ | <input type="checkbox"/> |
| 3. Obtain Vision Screening at health fair or with your eye doctor. <ul style="list-style-type: none">• Keep receipt of Health Fair screening results for your records or record your eye doctor’s name and date of office visit. | Due Date:
01/15/13 | Date
Completed _____ | <input type="checkbox"/> |
| 4. Obtain Blood Pressure Screening $\leq 140/90$ or Submit Physician Treatment Form <ul style="list-style-type: none">• Keep receipt of Health Fair screening results for your records or keep fax confirmation of completed Physician Screening Form as proof of submission to UnitedHealthcare. | Due Date:
02/01/13 | Date
Completed _____ | <input type="checkbox"/> |
| 5. Obtain Body Mass Index (BMI) Screening <30 or Complete an Approved Action* <ul style="list-style-type: none">• Keep receipt of Health Fair screening results for your records or keep fax confirmation of completed BMI Co-Share Incentive Form as proof of submission to UnitedHealthcare. | Due Date:
03/27/13 | Date
Completed _____ | <input type="checkbox"/> |
| 6. Complete Physical Activity Challenge <ul style="list-style-type: none">• Print online confirmation page after completing the five week challenge or keep fax confirmation of completed Physical Activity Paper Tracker as proof of submission to UnitedHealthcare. | Due Date:
05/17/13 | Date
Completed _____ | <input type="checkbox"/> |

*Approved Actions for BMI credit are: 1) enroll in an approved weight loss program, such as Weight Watchers; 2) submit proof of gym membership for at least three months during the incentive offer (8/1/12–3/27/13); OR 3) attend 3 visits with an in-network nutritionist/dietician (no co-payment if BMI ≥ 30).